

INSTRUCTION FOR COMPLETING
THE APPLICATION FOR PHARMACY REGISTRATION

Failure to have a new registration and PIC in place within 30 days of the PIC's termination will result in being called before the Board and fined for violation of the Kansas Pharmacy Act. Please read carefully and follow all instructions. Incomplete applications delay the registration process.

The application must be typed or legibly printed.

All questions must be answered. If the question does not apply, write N/A. If the answer is not known, write unknown.

If ownership is a partnership, corporation, or other, the additional information must be attached. Refer to the application for the documentation required.

The address of the pharmacy must be the physical location, not post office boxes.

Once the Board office has received this application and the PIC has not been a PIC before, the office will mail an exam to the PIC. Please note that the statute and/or regulation references are provided to find the answers to the questions on the exam. The PIC exam is open book and requires a score of 85% or better. The board office must be in receipt of a completed application before mailing the PIC exam.

If the pharmacy is located within a store/facility and the pharmacy is closed at times when the store/facility remains open, and if the store/facility sells more than 12 over-the-counter drugs then you must additionally apply for a retail dealer's permit.

List all pharmacists who will be working in the pharmacy. If there are not sufficient lines to list all the pharmacists employed in the pharmacy, attach an additional sheet.

Enclose a copy of your DEA certificate if you are registered to dispense controlled substances. If the application is pending with DEA, send a copy of the DEA certificate to this office when it is received from DEA.

Signatures are required for the owner and the pharmacist-in-charge. If the owner and PIC are the same individual, both portions must be signed and notarized.

Application must be accompanied with a check or money order in the amount of \$140.00.

All registrations will expire on June 30 of each year and such registration will be canceled if not renewed annually by July 31st. The \$140.00 fee is not prorated.

The application and fee, along with any supporting documents should be sent to the address at the top of the application.

CHECKLIST:

- _____ (1) Application completed, including two (2) signatures and notaries?
- _____ (2) Copy of corporate officers or other documentation enclosed?
- _____ (3) Check or money order in the amount of \$140.00 enclosed?
- _____ (4) Copy of DEA certificate enclosed?
- _____ (5) Resignation letter if change in PIC?

NEW PHARMACY REGISTRATIONS

The following circumstances require applying for a new pharmacy permit.

NEW PHARMACY: A pharmacy registration is required prior to operating a pharmacy in the State of Kansas. The Pharmacist-In-Charge may be required to pass a pharmacy law exam. During the pre-opening inspection, the Inspector will be reviewing the security of the pharmacy, the library, the facilities, and other areas as deemed necessary. One of the requirements for the library is the updated laws and regulations of the Kansas Pharmacy Act and the Controlled Substances Act. A book containing these portions is available from the Kansas Pharmacists Association, 1020 SW Fairlawn Rd, Topeka, KS 66604, (785)-228-2327, or you can obtain a disk from the Board office. More specific information regarding the requirements of a pharmacy may be found in the laws and regulations.

If controlled substances will be involved, an application must be made with the Drug Enforcement Administration. The application may be obtained from the Kansas City Regional Office, 8600 Farley, Suite 200, Overland Park, KS 66212, (913)-652-9127. DEA will NOT issue a registration until the Board has issued the pharmacy registration. No controlled substances may be obtained until after the DEA has issued the DEA registration AND no prescription drugs may be obtained until after the Board of Pharmacy has issued the pharmacy registration.

CHANGE OF ADDRESS: A pharmacy currently registered with the Board of Pharmacy may not move the pharmacy without prior approval from the Board. This approval is obtained through the issuance of a new pharmacy registration. It is recommended that an application be made for the new location approximately one month in advance. Prior to issuance of the new registration, a pre-opening inspection must be completed by an Inspector employed by the Board. The inspection will be similar to the one required for a new a pharmacy; however, the Board does understand that in certain instances the library, shelving, etc. will be moved from the old location at the time of the move.

CHANGE OF OWNER: A new pharmacy registration is required when there is a 50% or more change in controlling interest. An application must be made to the Board office by the new ownership. It is recommended that an application be made approximately one month in advance of the ownership change. Within 5 days of the change date, the previous registration should be returned to the Board office. If the ownership change is less than 50%, notification must be made to the Board office in writing of the change of ownership, but does not require a new registration.

CHANGE IN PHARMACIST-IN-CHARGE: A two week written resignation notice is required to be given to the owner and a copy sent the Board office. A new application changing the PIC needs to be initiated with the Board office so the new PIC can effectively be in place within 30 days of the resignation of the PIC. The new PIC will receive a PIC exam in the mail after submitting the application if the new PIC has not been a PIC ever before

KANSAS STATE BOARD OF PHARMACY
LONDON STATE OFFICE BUILDING
900 SW JACKSON, ROOM 560
TOPEKA, KS 66612
(785) 296-4056
FAX (785) 296-8420

FEE \$140.00

FOR OFFICE USE ONLY

REG NUMBER _____

DATE _____

APPLICATION FOR PHARMACY REGISTRATION

The owner hereby makes application as follows:

BUSINESS NAME OF OWNER _____

ADDRESS OF OWNER _____

CITY STATE ZIP PHONE NUMBER

Type of ownership: ____ Individual ____ Partnership ____ Corporation ____ Other

IF PARTNERSHIP, attach additional listing of names and percentage of ownership.

IF CORPORATION, attach additional officer and owners of stock.

IF OTHER, attach additional sheet indicating the type of ownership.

Type of Pharmacy: ____ Renal Dialysis ____ Online Pharmacy/Internet ____ Retail Chain
____ Retail Community ____ Hospital/Institution ____ Ambulatory Surgery Center

The owner makes application to establish and maintain a pharmacy under the name of and at the location as follows:

NAME OF PHARMACY _____

PHYSICAL ADDRESS OF PHARMACY _____

CITY STATE ZIP TELEPHONE NO.

Hours pharmacy is open _____ to _____

Hours store / facility is open _____ to _____

Total hours per week a pharmacist will be held on duty in facility _____

The above named owner places the following licensed pharmacist as pharmacist-in-charge of the pharmacy indicated above:

NAME OF PHARMACIST IN CHARGE _____

LICENSE NUMBER _____

Have you ever been PIC before? ____ Yes ____ No

If so what is the name of the facility in which you were a PIC? _____

The following other licensed pharmacists will also be employed in said pharmacy:

PHARMACIST'S NAME _____

LICENSE NUMBER _____

PHARMACIST'S NAME _____

LICENSE NUMBER _____

This application is being made for the following reason: (check all that apply):

____ New Pharmacy ____ Change of Address ____ Change of Ownership ____ Change of PIC ____ Change in Name

Previous License Number (if applicable) _____

Is this pharmacy registered by the DEA to dispense controlled substances? _____

If Yes, please enclose a copy of the DEA certificate.

If No, has application been made to DEA? _____

Drug Schedules (Check all that apply)

____ Schedule I ____ Schedule II/nonnarcotic ____ Schedule II/narcotic
____ Schedule III/nonnarcotic ____ Schedule III/narcotic ____ Schedule IV ____ Schedule V

OWNER/CORPORATE OFFICER PORTION

I, _____, being the owner or agent of the owner of the pharmacy indicated on the reverse of this application, do solemnly swear (or affirm) that, if a registration be issued as requested, such pharmacy will be conducted and operated in full compliance with the Pharmacy Act and the Controlled Substance Act of the State of Kansas and all other laws of Kansas so long as continued under such registration and that the registration will expire ANNUALLY on JUNE 30TH and such registration will be canceled if not renewed ANNUALLY by July 31ST.

I further solemnly swear (or affirm) that the statements and representations made in the foregoing application are true and correct.

SIGNATURE OF OWNER OR AGENT OF OWNER

Signed and sworn to (or affirmed) before me on _____ day of _____, 20____.

(Seal)

My commission expires _____

SIGNATURE OF NOTARY PUBLIC

PHARMACIST-IN-CHARGE PORTION

I, _____, being the pharmacist-in-charge of the pharmacy indicated on the reverse of this application, do solemnly swear (or affirm) that I understand that if such registration is issued, it will be issued jointly to the owner and myself and, in the event that I shall no longer be pharmacist-in-charge of such pharmacy, I shall notify the Executive Secretary of the Board of Pharmacy of Kansas and forward such registration to the Executive Secretary.

I further swear (or affirm) that I understand all my responsibilities to the Board of Pharmacy of Kansas as pharmacist-in-charge of such pharmacy and that I will comply with the Pharmacy Act and the Controlled Substances Act of the State of Kansas and all other laws of Kansas and that the registration will expire ANNUALLY on JUNE 30TH and such registration will be canceled if no renewed ANNUALLY by JULY 31ST.

SIGNATURE OF PHARMACIST –IN-CHARGE

Signed and sworn to (or affirmed) before me on _____ day of _____, 20____.

(Seal)

My commission expires _____

Signature of Notary Public